

<b>4      <u>Medical Services and Medical Screening</u></b>	
CFR 45 Part 400.5 (f)  <i>Attachment 4A</i>	<p><b>4.1      Identification, Treatment, and Observation of Medical Needs</b></p> <p>Virginia has established procedures to identify and monitor newly arriving refugees who have medical conditions that need treatment or observation, including medical conditions identified during the overseas examination; communicable diseases of public health significance; and personal health conditions that may affect resettlement.</p>
	<b>4.2      Compliance with Federal Medical Screening Procedures</b>
CFR 45 Part 400.107 (a)(1)	<p>4.2.1    Medical Screenings</p> <p>Virginia conducts medical screenings of newly arrived refugees in accordance with the requirements established by the federal Office of Refugee Resettlement.</p>
CFR 45 Part 400.107 (a)(2)  <i>Attachment 4A</i>	<p>4.2.2    ORR Approval of Medical Screening Program</p> <p>Virginia's Medical Screening Plan is made part of this State Plan. Approval of the State Plan includes approval of its Medical Screening Plan.</p>
	<p>4.2.3    Administration of Health Screening Activities</p> <p>The Virginia Office of Newcomer Services, through a cooperative agreement with the Refugee and Immigrant Health Program (RIHP), reimburses Virginia's local departments of public health (LDH) for the administration of approved health screens when Medicaid does not cover these. In Virginia, when refugee health screening is done within the context of other medical services, Medicaid may cover the screening. When refugee health screening is not done in the context of other medical services, Medicaid does not cover it. When Medicaid does not cover the health screening, it is charged to the Refugee Medical Assistance (RMA) Program.</p>
CFR 45 Part 400.5 (f)(1)	<b>4.3      Medical Screening of Newly Arrived Refugees</b>
	<p>4.3.1    Coordination of Health Services for Refugee Arrivals</p> <p>The Virginia Department of Health Refugee and Immigrant Health Program (RIHP) is charged with protecting the public's health. It does</p>

	<p>this by ensuring that Virginia's local departments of public health (LDH) both (i) provide initial domestic health assessment to all new refugees and (ii) arrange immediate and appropriate treatment if warranted by the health assessment.</p>
Attachment 4A	<p>4.3.2 Levels of Health Care</p> <p>RIHP developed four levels of health screens for use by the LDH and developed protocols for LDHs to monitor the medical conditions of newly arrived refugees and to provide any needed follow-up treatment.</p>
	<p>4.3.3 Newly Arrived Refugee Health Documentation</p> <p>Within two days of receipt of documentation of a newly arrived refugee, RIHP notifies the LDH.</p>
CFR 45 Part 400.107 (b),	<p>4.3.4 Time Requirement</p> <p>Within 30 days of the refugee's arrival in Virginia (and 90 days of entry into the United States), the LDH arranges medical screenings and interpreter services.</p>
	<p>4.3.5 Private Assessments and Screenings</p> <p>When a refugee informs the LDH he or she prefers to arrange a private medical assessment and screening, the LDH advises the doctor to send the results of the screening to its office.</p>
CFR 45 Part 400.5 (f)(2)	<p><b>4.4 Follow-up Treatment for Newly Arrived Refugees</b></p>
	<p>4.4.1 Monitoring of Follow-up Treatment</p> <p>The RIHP maintains a case file on each refugee including screening dates and results. The LDH is responsible for keeping the RIHP informed of health actions taken. The RIHP monitors the case to ensure the LDH acts to arrange appropriate follow-up treatment.</p>

	<p><b>4.4.2 Monitoring Treatment of Refugees Who Relocate</b></p> <p>If a newly arrived refugee relocates within Virginia, RIHP transfers the health file to the LDH in the new locality, which is responsible for arranging continuation of needed services.</p>
CFR 45 Part 400.94	<p><b>4.5 Medicaid and FAMIS (SCHIP)</b></p>
	<p><b>4.5.1 Virginia's SCHIP (State Children's Health Insurance Program)</b></p> <p>The name of Virginia's SCHIP is FAMIS (Family Access to Medical Insurance Security). To be eligible for FAMIS, a refugee child must be under 19 years of age, be ineligible for Medicaid, be uninsured now and not have had health insurance in the past 12 months, and have income below 200 percent of the federal poverty level.</p>
	<p><b>4.5.2 Medicaid and FAMIS (SCHIP) Administration</b></p> <p>The Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) share administration and operations of Medicaid and FAMIS. DMAS sets Medicaid policy and promulgates state regulations. DSS manages the applications and appeals process. It provides written guidance and training to local departments of social services, which administer the program at the local level.</p>
	<p><b>4.5.3 Application for Medicaid and FAMIS</b></p> <p>Resettlement providers are contractually obligated to assist the refugee in applying for Medicaid or FAMIS at the local departments of social services (LDSS) offices.</p>
CFR 45 Part 400.93 (b) Part 400.94 (a) Part 400.101 (a)(1)	<p><b>4.5.4 Refugee Eligibility for Medicaid and FAMIS</b></p> <p>The LDSS screens each individual in the refugee family unit for Medicaid or FAMIS and applies the same eligibility rules, including notice of appeals, to refugee applicants as it does all other applicants. The eligibility rules are set out in its State Medicaid and FAMIS Plans and in state statute and regulations.</p>

## ATTACHMENT 4 A

### ONS Plan For Refugee Health Screenings In Virginia

#### A. Description of Health Screening Services

Refugees, like all newcomers to the U.S., must learn to navigate the U.S. health care system, which can be overwhelming to many. A holistic approach to provide health care to this vulnerable population is imperative for the first months in their new country. That health districts provide a detailed assessment of each refugee newcomer is essential to this process. Providing appropriate treatment for tuberculosis disease (TB) and latent tuberculosis infection (LTBI) is but one example of treating the condition, while providing education to the client and protecting the public health.

In Virginia, it is common to cover activities related to screening if they are done in conjunction with other services that are covered. In these instances, Medicaid provides reimbursement. However, Medicaid in Virginia does not cover health assessments as a freestanding service.

The public health system is uniquely qualified to identify conditions of public health significance. A licensed provider -- i.e. a public health nurse, a nurse practitioner, physician assistant, a physician or some combination of these -- can complete the Refugee Health Assessment. Health Districts are encouraged to make maximum use of trained assistants for measurements, vision checks, etc.

Health districts begin the orientation process to Virginia's health care system, while providing referrals to follow up of health problems identified at the assessment.

The Virginia Department of Health has four distinct levels of health screening for refugees. Each level entails specific screening procedures and is increasingly thorough at each higher level. Each level is reimbursed at a rate consistent with the costs of those procedures. Level one constitutes a minimum screening and local health departments are encouraged, through the Coordinator's office, to provide the highest level of screening. The four protocols for screening are:

**Level I** This is the minimum for the initial health assessment provided to each new refugee or asylee entering Virginia. It consists of an evaluation for tuberculosis disease or infection and includes an assessment for clinical signs and symptoms of tuberculosis; placement; interpretation of a tuberculin skin test reading; and a chest x-ray and therapy as indicated.

**Level II** This includes a gross but complete patient inspection or assessment and some laboratory testing, as indicated. An assessment of the refugee's immunization status is also included in this level.

**Level III** This includes listening to heart rate rhythm and lung sounds for abnormalities, not a diagnosis. Also included is further age-appropriate testing, such as a developmental evaluation for young children or further evaluation for anemia findings (e.g. malaria smears, sickle cell, lead screening) or sexually transmitted

diseases as indicated. Also included is education regarding cardiovascular disease, cancer, HIV, and other health issues, as indicated.

**Level IV** This level constitutes case management. Many refugees require some level of case management by a public health nurse. Level IV meets this purpose and provides a mechanism for capturing these data and reimbursing health districts commensurate with the knowledge and skill required to perform this case management.

B. Budget

The budget consists of the costs for health screenings provided by the local health departments; personnel costs of the State Refugee Health Coordinator; and interpreter costs for those situations where an interpreter does not accompany the refugee, as is normally the case. For example, a secondary migrant or an asylee may go directly to a health department prior to contacting a resettlement agency.

C. Mechanism Used For RMA Reimbursement

Local health districts request reimbursement for health screenings on a form designed for this purposes. The Virginia Department of Health (VDH) processes these forms and requests payments through an Inter-agency Transfer (IAT) between VDH and the Department of Social Services (VDSS).

VDH and VDSS entered into a Memorandum of Agreement (MOA) to formalize ONS's financial reimbursement for VDH's delivery of health services to refugees. Both agencies review and update the MOA annually. The MOA stipulates the State Refugee Health Coordinator (RHC) responsibilities, which are:

- Coordinating delivery of health assessments for all new refugees entering Virginia;
- Ensuring health assessments are provided by local health departments, preferably within three months after arrival;
- Coordinating reimbursement for the health assessments; and
- Monitoring and assessing the quality of domestic health assessments provided to refugees.

ONS oversight of the MOA and the delivery of health screening services are carried out in the following ways:

- Ongoing consultation (often monthly) between the State Refugee Coordinator and the State Refugee Health Coordinator;
- Through the State Refugee Health Coordinator's participation on the ONS Policy Committee, which meets monthly; and
- Through ONS desk audits and sign-off of detailed monthly invoices for local health assessments submitted by VDH to DSS in the form of an Interagency transfer (IAT).